AMENDED IN ASSEMBLY AUGUST 6, 2012
AMENDED IN ASSEMBLY JUNE 28, 2012
AMENDED IN ASSEMBLY JUNE 20, 2012
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AMENDED IN SENATE MARCH 29, 2011

SENATE BILL

No. 694

Introduced by Senator Padilla (Coauthors: Senators Emmerson and Price)

February 18, 2011

An act to add Section 104766 to, to add Article 2.5 (commencing with Section 104767) to Chapter 3 of Part 3 of Division 103 of, and to repeal Section 104767.1 of, the Health and Safety Code, relating to dental care.

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Padilla. Dental care.

Existing law requires the State Department of Public Health to maintain a dental program that includes, but is not limited to, development of comprehensive dental health plans within the framework of a specified state plan.

This bill would make these provisions inoperative for a specified period of time upon the creation of a Statewide Office of Oral Health within the State Department of Public Health with a licensed dentist who serves as the dental director. *The bill would provide that the office*

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would be established only upon receipt of sufficient funds, as specified, for the purposes of performing various duties relating to the oversight of dental care in California. This bill would provide that no prohibit General Fund moneys—shall be from being used to implement the provisions creating the office, but would authorize the state to accept other public and private funds for the purpose of implementing these provisions, and would provide that these provisions become inoperative, as specified, if other public or private funds are not deposited with the state in an amount sufficient to fully support the activities of the office. This bill would authorize, until January 1, 2017, the—office dental director or, in the absence of a dental director, the Secretary of California Health and Human Services or his or her designee to conduct provide administrative oversight with respect to a specified study conducted under described circumstances.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
 - (a) Nationally and statewide, tooth decay ranks as the most common chronic disease and unmet health care need of children.
 - (b) Poor dental health can disrupt normal childhood development, seriously damage overall health, and impair a child's ability to learn, concentrate, and perform well in school. In rare cases, untreated tooth decay can lead to death.
 - (c) Unmet dental needs have significant human and financial costs. In 2007, it was estimated that California schools lost nearly thirty million dollars (\$30,000,000) in attendance-based school district funding due to 874,000 missed school days related to dental problems; and California's hospitals experienced over 83,000 emergency room visits for preventable dental problems at a cost of fifty-five million dollars (\$55,000,000).
 - (d) With full implementation of the federal Patient Protection and Affordable Care Act (Public Law 111-148), approximately 1.2 million additional children in California are expected to gain dental coverage.
- 20 (e) The burden of oral disease can be markedly decreased 21 through early intervention, including education, prevention, and

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treatment. Effective prevention reduces the need for costly treatment of advanced dental disease.

- (f) To address this unmet need, a comprehensive coordinated strategy is necessary, at the foundation of which is a strong state oral health infrastructure to coordinate essential public dental health functions, including assessing need and capacity to address that need.
- SEC. 2. Section 104766 is added to the Health and Safety Code, to read:

104766. This article shall become inoperative on the date the Department of Finance memorializes in writing, pursuant to paragraph (2) of subdivision (e) of Section 104767, that sufficient funds have been deposited with the state to establish the Statewide Office of Oral Health, and shall become operative again on the date the Department of Finance memorializes in writing, pursuant to paragraph (2) of subdivision (f) of Section 104767, that the office has not secured sustainable funding sources to maintain the activities of the office, or on January 1,—2016 2017, whichever occurs first.

SEC. 3. Article 2.5 (commencing with Section 104767) is added to Chapter 3 of Part 3 of Division 103 of the Health and Safety Code, to read:

Article 2.5. Statewide Office of Oral Health

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- 104767. (a) There-Subject to receipt of sufficient funds, as specified in subdivision (e), there shall be a Statewide Office of Oral Health established within the State Department of Public Health.
- (b) Within the office there shall be a licensed dentist who serves as the dental director. The dental director shall be appointed by the Governor, subject to confirmation by the Senate, and shall serve at the pleasure of the Governor. The dental director shall serve as a public official and shall be subject to all relevant statutory requirements relating to conflicts of interest. The dental director shall be a licensed dentist in good standing who has demonstrated dental and management experience, including at least five years of experience in public dental health.

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 (c) The office—shall may have all of, but not be limited to, the following responsibilities, which shall be prioritized depending upon the receipt of funding, as described in subdivision (e):

- (1) Advancing and protecting the oral health of all Californians.
- (2) Developing a comprehensive and sustainable state oral health action plan to address the state's unmet oral health needs.
- (3) Encouraging private and public collaboration to meet the oral health needs of Californians.
- (4) Securing funds to support infrastructure and statewide and local programs.
- (5) Promoting evidence-based approaches to increase oral health literacy.
- (6) Establishing a system for surveillance and oral health reporting.
- (d) If the office is established pursuant to this section, the office shall administer the dental programs described in Section 104750.

 (d)
- (e) The state department may accept public funds and private funds for the purpose of implementing receive for the office any financial aid granted by any private, federal, or other grant or source, and the office shall use these funds to carry out the provisions and purposes of this article.

(e)

- (f) (1) No General Fund moneys shall be used for purposes of this section. Moneys to fund the office shall be secured from other public or private sources. The Department of Finance shall, on January 1, 2014 within 90 days of receiving any funds, and annually thereafter, make a determination regarding the funding status of the office. Moneys needed to sufficiently fund and commence the study pursuant to Section 104767.1 shall not be considered for purposes of determining the funding status of the office pursuant to this paragraph.
- (2) The-office dental director shall be-established appointed pursuant to this section only after a determination has been made by the Department of Finance that sufficient public or private funds in an amount sufficient to fully support the activities of the office, including staffing the office, have been deposited with the state for purposes of establishing the office pursuant to subdivision (a). If the Department of Finance makes a determination that sufficient funding has been secured to establish the office, the Department

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of Finance shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and the Legislative Counsel memorializing that this determination has been made.

(f)

- (g) (1) If the office dental director is established appointed pursuant to this section, the office dental director shall assume responsibility for identifying and securing funding sources in order to maintain the functions of the office.
- (2) If the Department of Finance makes a determination that the—office dental director has not secured sustainable funding sources to maintain the activities of the office pursuant to paragraph (1), the Department of Finance shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and the Legislative Counsel memorializing that this determination has been made.

(g)

- (h) This section shall become inoperative on January 1, $\frac{2016}{2017}$.
- 104767.1. (a) The Legislature finds and declares that, as part of a comprehensive integrated system of dental care, with the dentist as the head of that system, additional dental care providers who provide basic preventive and restorative oral health care to underserved children, located at or near where children live or go to school, may have the potential to reduce the oral health disease burden in the population most in need.
- (b) The office dental director or, in the absence of a dental director, the Secretary of California Health and Human Services or his or her designee may provide administrative oversight to the design and implement implementation of a scientifically rigorous study to assess the safety, quality, cost-effectiveness, and patient satisfaction of expanded dental procedures performed by dental care providers for the purpose of informing future decisions about how to meet the state's unmet oral health need for the state's children. The research parameters of the study shall include public health settings, multiple models of dentist supervision, multiple pathways of education and training, and multiple dental providers. Procedures The study shall be designed and implemented as described in subdivisions (c) to (h), inclusive, and procedures performed during the study shall be performed only by dental care providers within the confines of a university-based the study.

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(c) The dental director or, in the absence of a dental director, the Secretary of California Health and Human Services or his or her designee shall convene an advisory group on study design and implementation. The advisory group shall be comprised of representatives of all dental practices, including traditional and nontraditional, as well as nondentists and consumer advocates.

- (d) The dental director or, in the absence of a dental director, the Secretary of California Health and Human Services or his or her designee shall provide administrative oversight necessary to ensure that the study is conducted as described in this section, provide input to the university described in paragraph (5) of subdivision (e), regarding study design and implementation, receive all study data and reports, and develop a report and recommendations to be submitted to the Legislature based on the study findings. The dental director or, in the absence of a dental director, the Secretary of California Health and Human Services or his or her designee shall also consult with the Legislative Analyst's Office in designing regarding oversight of the study and selecting selection of any contractors.
- (e) (1) The study shall be limited to a dentist dentists licensed pursuant to Article 2 (commencing with Section 1625) of Chapter 4 of Division 2 of the Business and Professions Code and at least two of each of the following dental care providers, who have received training in a limited number of additional dental procedures:
- (A) A registered dental hygienist Registered dental hygienists, as defined in Article 9 (commencing with Section 1900) of Chapter 4 of Division 2 of the Business and Professions Code, who is educated in a limited number of additional dental procedures.
- (B) A registered dental assistant Registered dental assistants in extended function licensed pursuant to Section 1753 of the Business and Professions Code who is educated in a limited number of additional dental procedures, and who have completed the requirements of Section 1753.4 of the Business and Professions Code.
- (2) The dental procedures that may be examined in the study 36 shall be limited to the following:
 - (A) Administration of local anesthesia.
- 39 (B) Tooth preparation for, and the placement and finishing of, 40 direct restorations.

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- 1 (C) Placement of interim therapeutic restorations.
- 2 (D) Stainless steel crown placement.
- 3 (E) Therapeutic pulpotomy.

- 4 (F) Pulp cap placement, direct and indirect.
- 5 (G) Extraction of primary teeth.
 - (3) The study shall examine and compare the procedures described in paragraph (2), as performed under the following types of supervision:
 - (A) Direct supervision, as defined in subdivision (c) of Section 1902 of the Business and Professions Code.
 - (B) General supervision, as defined in subdivision (d) of Section 1902 of the Business and Professions Code.
 - (C) Remote supervision by a dentist where the supervising dentist is not onsite while a dental care provider is practicing as authorized by this-section and section. Remote supervision shall be facilitated by "standing orders" as an agreement between the dental care provider and supervising dentist. The dental care provider shall not perform duties beyond what is agreed upon in the standing orders. Remote supervision may consist of all of the following:
 - (i) Incorporate the use of technology, such as telehealth, to facilitate dentists providing remote supervision to the dental care provider, where the dental care provider does not have to be in the same location as the supervising dentist.
 - (ii) Include a mechanism for the dental care provider to seek and receive additional professional advice in a timely manner as needed.
 - (iii) Include a mechanism for the dental care provider to make referrals to a qualified dentist, as needed.
 - (4) The study shall examine dental care providers *described in paragraph* (1) who are delivering care for children in public health settings that represent the racial, ethnic, urban, and rural diversity of California's child population. Settings The public health settings may include, but *are* not-be limited to, community health clinics, Head Start *facilities*, and schools with greater than 50 percent 50-percent pupil participation in the federal free and reduced-price lunch program.
 - (5) The study shall be conducted through a dental school at an institution of higher education within the state. A California university dental school, under the auspices of its institutional

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review board and in accordance with accepted academic standards, shall design and implement the study, with all instruction conducted under the oversight of a dentist.

- (f) No General Fund moneys shall be used to implement this section. Moneys to fund the study, including analysis and findings, and all procedures administered by dental care providers during the study, shall be secured from other public or private sources. No one provider group or interest group may provide more than half the private funding for the study.
- (g) Notwithstanding subdivision (h), if the study described in this section is not sufficiently funded and commenced by January 1, 2014, this section shall become inoperative on January 1, 2014.
- (h) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.